

Knowledge, attitudes and institutional readiness as perceived by medical students towards social accountability at The University of The West Indies, St. Augustine Campus.

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Introduction

Social accountability (SA) is defined as "the obligation of medical schools to direct their education, research, and service activities toward addressing the priority health concerns of the community, region, and/or nation that they have a mandate to serve". (2) Regarding medical students (MS), social accountability entails working with the nation to improve the health system while caring for patients and the general population (2). In Trinidad and Tobago, Most medical students do not know, understand or recognize the concept of social accountability as they do the term service learning. They may have a curriculum geared toward allowing them to be socially accountable individuals, but students are unaware of this unless it is explicitly stated. Thus in addressing the issue, students must consider SA, their knowledge and representations of it, and their perceptions of their faculty's involvement in its realization. This would ensure that they provide the highest-quality services to their communities and they will be able to cement society's trust and serve them through a more effective health system, resulting in greater patient satisfaction despite socioeconomic, political, religious, or cultural barriers .

Objective

To assess the knowledge, attitude and institutional readiness perceived by medical students towards social accountability at The UWI.

Methodology

1. Study Setting

Medical students' knowledge, attitudes, and perceptions of institutional readiness with regard to social accountability were examined through an observational (non-interventional) study.

2. Study Population

Year 1-5 UWI STA medical Students.

3. Sample Size

The study's target population consisted of 1199 MBBS students, with a sample size of 104. However, a total of 121 students were recruited.

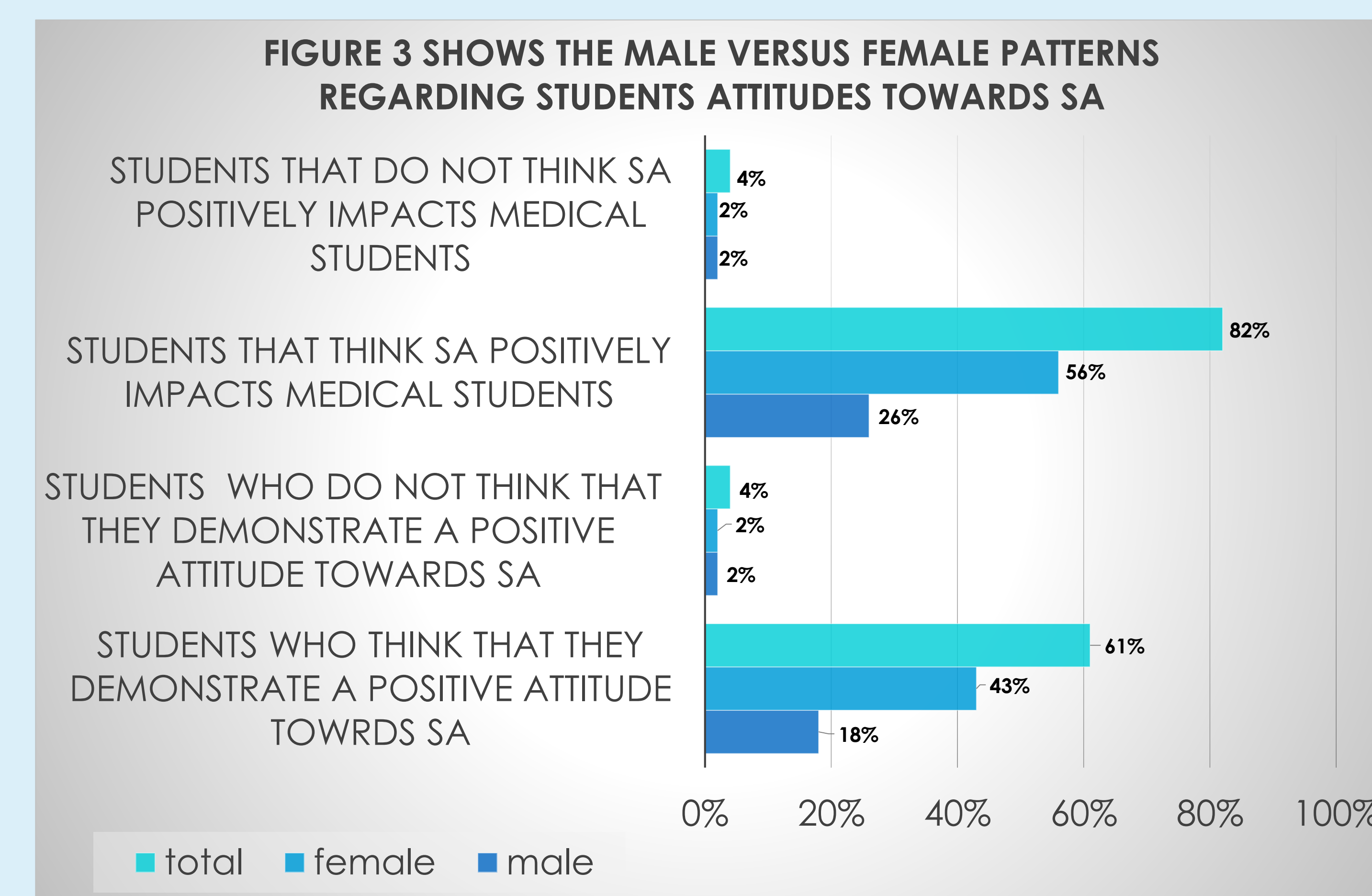
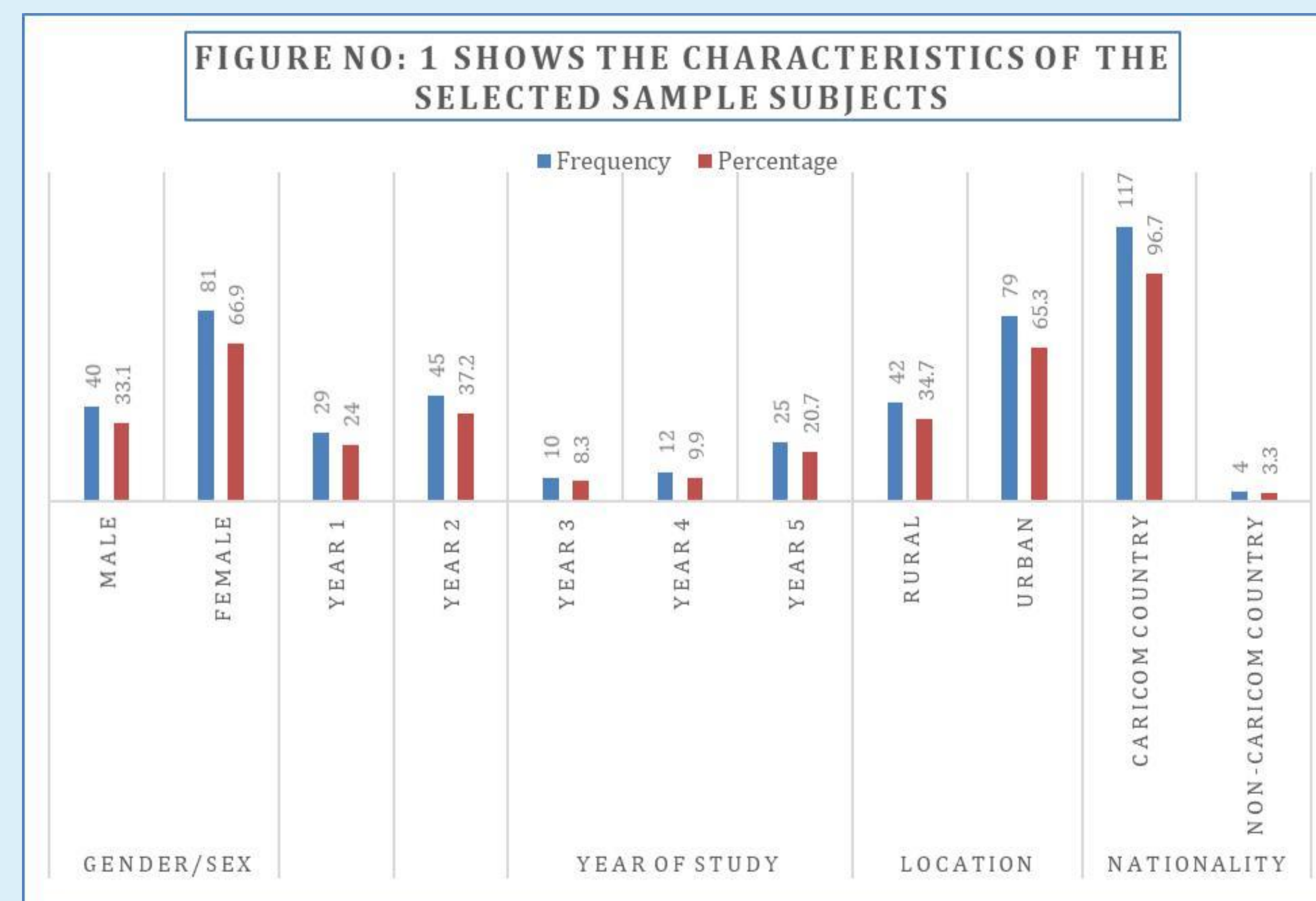
4. Data Collection

To contact students and collect their responses, a self-administered survey was distributed via WhatsApp, Google Meet, phone calls, and emails.

5. Data Analysis

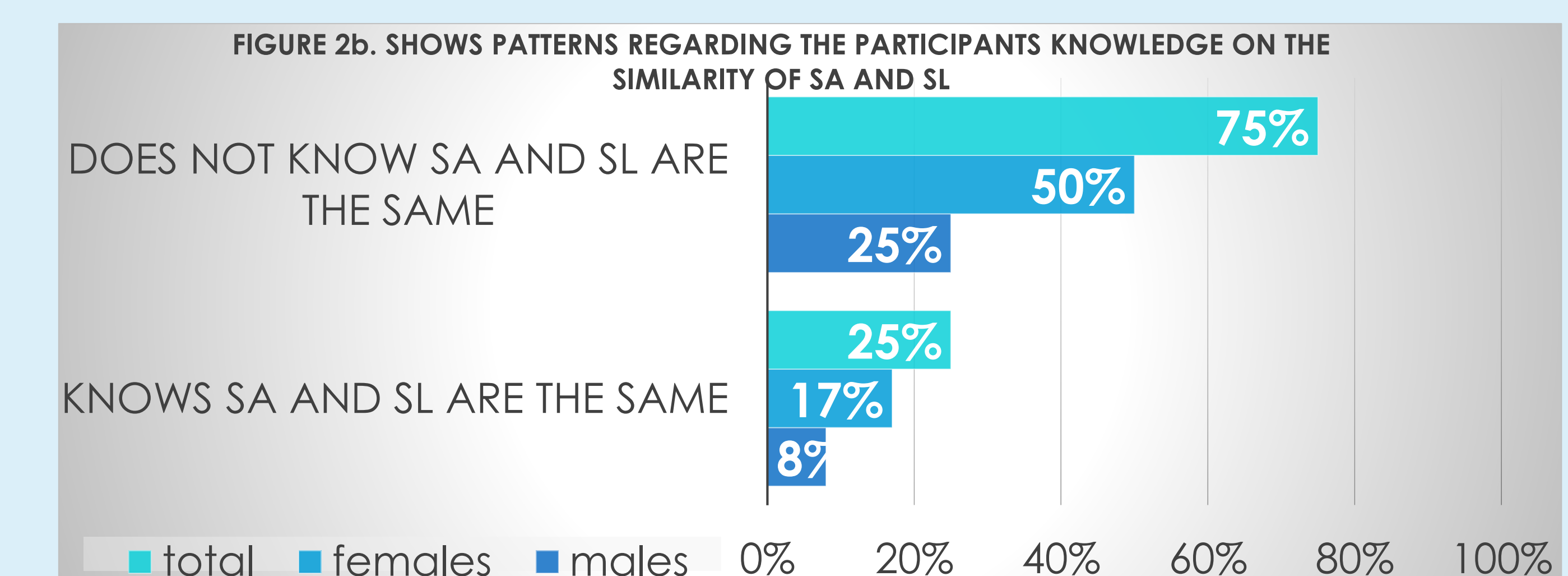
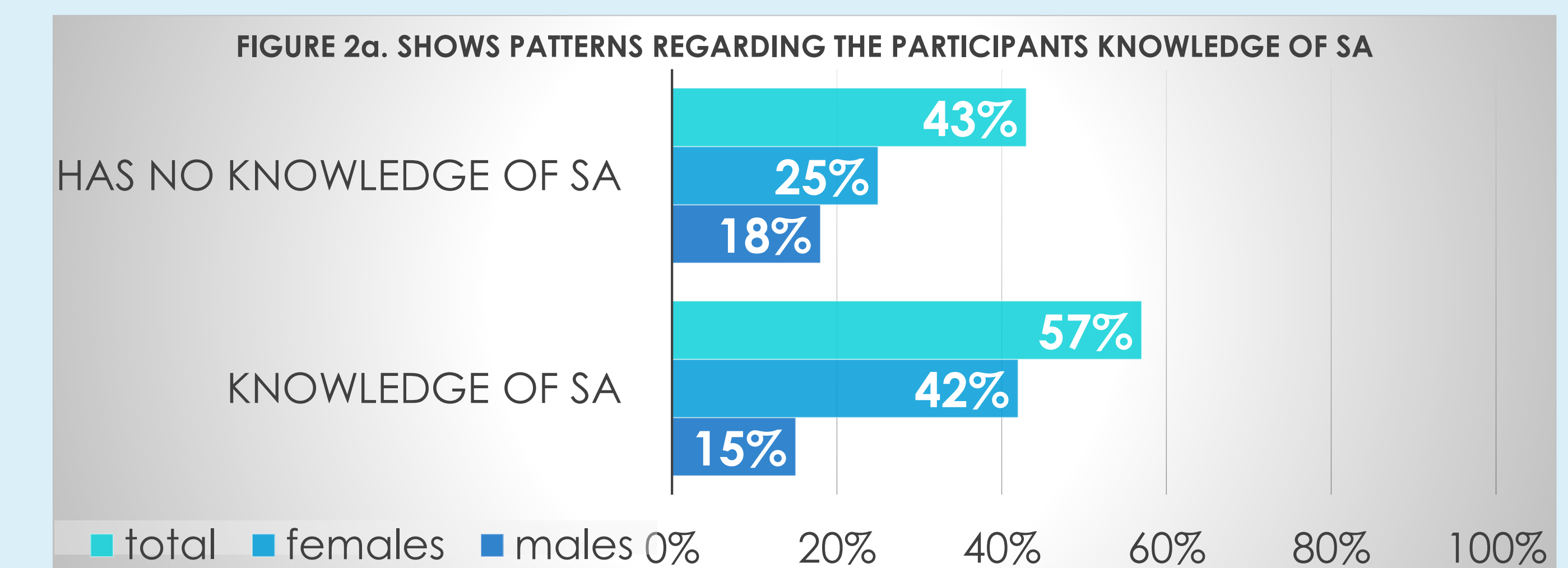
IBM SPSS Ver 24 and Pearson's Chi Squared of equality were used. All subsequent information gathered from medical students was anonymous, and the information was kept on a password-protected computer that was only accessible to the study's researchers.

Results



Acknowledgments

We would like to express our gratitude to everyone who contributed to and took part in our study. Additionally, we would like to express our gratitude to Professor Bidyadhar Sa for his leadership in helping us complete this project successfully.



Discussion

- Figure 2a and 2b demonstrates that the majority of survey participants (57%) claimed to be familiar with SA. But 75% of students didn't think SA and SL were interchangeable. This is consistent with research done by McCrea and Murdoch-Eaton in 2014, which discovered that "most medical students are unaware that their medical school may offer a curriculum focused toward helping them to be socially accountable, unless it is specifically told to them" (1). Additionally, as shown in Figure 3, students (61%) who believe they exhibit SA also believe that it has an overwhelmingly positive influence on their attitudes and behaviors (82%).

Conclusion

Many students know of SA but are unaware that it is synonymous with SL. Students are enthusiastic about the concept and believe it can shape students into better health care practitioners for clinical training at all levels of public health.

References

- McCrea ML, Murdoch-Eaton D. How do undergraduate medical students perceive social accountability? Med Teach. 2014;36(10):867-75.
- Boelen C, Heck JE, World Health Organization. Defining and measuring the social accountability of medical schools [Internet]. Geneva: World Health Organization; 1995 [cited 2021 Oct 13] p. 1-32. Available from: https://apps.who.int/iris/bitstream/handle/10665/59441/WHO_HRH_95.7.pdf?sequence=1